SCC eFile (6/10)

2011 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

211512536

STATE CORPORATION COMMISSION						
1.) CORPORATION NAME:			DUE DATE: 7/31/2011			
CHUBB INDEMNITY INSURANCE COMPANY			SCC ID NO: F0025777			
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:			SCC ID NO. F	0023777		
ATTORNEY CT CORPORATION SYSTEM 4701 COX RD GLEN ALLEN, VA 23060-6802			5.) STOCK IN CLASS COMMON	AUTHORIZED 20,000		
		1	ZOMINION	120,000		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY						
4.) STATE OR COUNTRY OF INCORPORATION: NY						
6.) PRINCIPAL OFFICE ADDRESS	:					
PO B	OUNTAIN VIEW RD OX 1615 RREN, NJ 07061-1615					
7.) DIRECTORS AND PRINCIPAL (OFFICERS: All directors and	d principal o	fficers must be	listed. An individual		
,	may be designa	ated as both	a director and	an officer.		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOEL D ARONCHICK VICE PRESIDENT 15 MOUNTAIN VIEW ROAD WARREN, NJ 07059-	X OFFICER		X DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	W. BRIAN BARNES DIR/VP 15 MOUNTAIN VIEW RD WARREN, NJ 07059-	X OFFICER	ŧ	X DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	W ANDREW MACAN VP/S 15 MOUNTAIN VIEW RD WARREN, NJ 07059-	X OFFICER	· ·	X DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS A. NORDSTROM VP/TREASURER 15 MOUNTAIN VIEW ROAD WARREN, NJ 07059-	X OFFICER	₹	X DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD G. SPIRO VICE PRESIDENT 15 MOUNTAIN VIEW ROAD WARREN. NJ 07059-	X OFFICER		X DIRECTOR		

			Х	OFFICER		DIRECTOR
	NAME:	PATRICIA TOMCZYK		_		_
	TITLE:	ASST SECRETARY				
	ADDRESS:	15 MOUNTAIN VIEW ROAD				
	CITY/ST/ZIP/CO:	WARREN, NJ 07059-				
				OFFICER	Х	DIRECTOR
	NAME:	JON C. BIDWELL				
	TITLE:	DIRECTOR				
	ADDRESS: CITY/ST/ZIP/CO:	15 MOUNTAIN VIEW ROAD				
	CITT/31/2IP/CO.	WARREN, NJ 07059-		7		7
	NIA NAT			OFFICER	Χ	DIRECTOR
	NAME: TITLE:	MARK JAMES				
	ADDRESS:	DIRECTOR 15 MOUNTAIN VIEW ROAD				
	CITY/ST/ZIP/CO:	WARREN, NJ 07059-				
		VV/ ((\(\text{L14}, 140 07 000		OFFICER	Х	DIRECTOR
	NAME:	JOHN J. KENNEDY]	_^]
	TITLE:	DIRECTOR				
	ADDRESS:	15 MOUNTAIN VIEW ROAD				
	CITY/ST/ZIP/CO:	WARREN, NJ 07059-				
				OFFICER	Х	DIRECTOR
	NAME:	HAROLD L. MORRISON, JR.		_		_
	TITLE:	DIRECTOR				
	ADDRESS:	15 MOUNTAIN VIEW ROAD				
	CITY/ST/ZIP/CO:	WARREN, NJ 07059-				_
				OFFICER	Х	DIRECTOR
	NAME:	GAIL W. SOJA				
	TITLE:	DIRECTOR				
	ADDRESS: CITY/ST/ZIP/CO:	15 MOUNTAIN VIEW ROAD				
	01117017211700.	WARREN, NJ 07059-		Jassiasa		DUDENTOD
	NAME:			OFFICER	Х	DIRECTOR
	TITLE:	PETER J. TUCKER				
	ADDRESS:	DIRECTOR 55 WATER STREET				
	CITY/ST/ZIP/CO:	NEW YORK, NY 10041-				
		11211 10111, 111 10011		OFFICER	Х	DIRECTOR
	NAME:	JEFFREY A. UPDYKE]	_^]
	TITLE:	DIRECTOR				
	ADDRESS:	555 LONG WHARF DRIVE				
	CITY/ST/ZIP/CO:	NEW HAVEN, CT 06511-				
			Х	OFFICER	Х	DIRECTOR
	NAME:	PAUL J. KRUMP		_		_
	TITLE:	PRESIDENT				
	ADDRESS:	15 MOUNTAIN VIEW ROAD				
	CITY/ST/ZIP/CO:	WARREN, NJ 07059-				_
			Х	OFFICER	Х	DIRECTOR
	NAME:	DINO E. ROBUSTO				
	TITLE:	CHAIRMAN				
	ADDRESS: CITY/ST/ZIP/CO:	15 MOUNTAIN VIEW ROAD				
WAINLIN, NO 07003						
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.						

/s/ PATRICIA TOMCZYK	PATRICIA TOMCZYK, ASST	6/15/2011				
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY	DATE				
	PRINTED NAME AND CORPORATE TITLE					
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.						